Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Caleb Craig	M M / D D / Y Y Y Y
Mailing Address 1410 Bushville drive	07 09 2014 Amount
City State Zip Code	60.00
Lenoir NC 28645	Transaction ID : 8c84bdc5-fb17-436f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 09 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Caleb Craig	Date of Public Distribution/Dissemination
Moiling Address	07 09 2014
Mailing Address 1410 Bushville drive	Amount
City State Zip Code	9.00
Lenoir NC 28645	Transaction ID: 339f7dca-ad1c-4d0d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 09 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LIVI LXI LIVI	SHORLS	PAGE 2 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	10.00
Little Rock	AR	72205	Transaction ID: 24d779aa-9e86-4615-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	1.80
Little Rock	AR	72205	Transaction ID: e0beb2c5-0245-4a21-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. 11.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 11 2014
-			

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 600330700
Check if 24-hour report X 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	07 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	Amount
City State Zip Code	30.00
Char NC 28215	Transaction ID : dca3a4af-5197-43f9-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 09 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Belinda Blake	Date of Public Distribution/Dissemination
	07 09 2014
Mailing Address 7214 Duchamp Dr.	Amount
City State Zip Code	8.10
Char NC 28215	Transaction ID: 21c2305f-5889-4e71-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	38.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	7 11 2014
Signature	

Schedule E)		PAGE 4 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	e of Public Distribution/Dissemination
Casey Stockton		07 09 2014
Mailing Address 105 South Dale St	Amo	ount
City State Zip C	ode	80.00
Spruce Pine NC 2877	7 Trai	nsaction ID : a48c4750-3cc1-4dec-b e of Disbursement or Obligation
Purpose of Expenditure Salary Cate	egory/ Type 001	07 09 / 2014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought 152428	Disbursem 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Casey Stockton		07 09 / 2014
Mailing Address 105 South Dale St	Am	ount
City State Zip C	Code	15.30
Spruce Pine NC 2877	77 Tran	nsaction ID : e4de112f-e0d8-4dc5-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Cate	egory/ Type 002	07 09 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought	2428.43 Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures		95.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) OODTOTAL OF OFFICIAL AND POPULATION LANGUAGES AND	P	7 7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically I	Filed] Date 07	/ D D / Y Y Y Y Y Y 111 2014
Signature	, Date of	

Schedule E)	LIVI EXI LIVE	TIONES	<u> </u>	AGE 5 OF 61 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Lorri Anderson			07 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		30.00
Charlotte	NC	23215		72c64ae1-6350-4ef5-b ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	152428.43	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Lorri Anderson			07 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		0.60
Charlotte	NC	23215		b9fc6314-3bf6-4c00-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		•	30.60
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	7
(c) TOTAL Independent Expenditures			•	7110
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 11 1	2014
Signaturo				

Schedule E)	II EXI END	TIONES		PAGE 6 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Erika Burfield			M M /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2939 Country Club Drive			Amount	
City	State	Zip Code		45.00
Hampstead	NC	28443		0: 904fe2dc-fa84-4496-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	152428.43	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Erika Burfield			07 /	09 / 2014
Mailing Address 2939 Country Club Drive			Amount	
City	State	Zip Code		9.00
Hampstead	NC	28443		: b07127f9-26cc-471f-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	152428.43	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditur	es			54.00
			7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures)	7
(c) TOTAL Independent Expenditures)	1 4 1 4 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 11	2014
- 9				

Schedule E)	INT EXILID	ITOTILO		PAGE 7 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Nathan O Murdock			Date of Publ	ic Distribution/Dissemination
Mailing Address 8837 Plantation Landing Dr			07	09 2014
			Amount	
City	State	Zip Code		35.00
Wilmington	NC	28411		ID: b17fb271-e13a-40ff-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- J	152428.43	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Nathan O Murdock			Date of Publ	lic Distribution/Dissemination
Mailing Address			07	09 / 2014
Mailing Address 8837 Plantation Landing Dr			Amount	
City	State	Zip Code		4.20
Wilmington	NC	28411		D: 205e9f05-28ad-4c02-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	152428.43	Disbursement For: 2014 Other (s	Primary
(a) CURTOTAL of harrised ledge and ask Europelik				20.00
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	39.20
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	
(c) TOTAL Independent Expenditures			•	77. 1 75. 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 11	2014
Signataro				

Schedule E)	EXI END	ITOTILO				PAGE 8 FOR SE OF F	OF 61
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO	
Women Speak Out PAC						C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Ame	nds repo	rt filed on	- M /	D = D /	Y Y Y
Full Name of Payee Ky Broussard					of Public	Distribution/D	Dissemination
Mailing Address 301 N Cedar Street				Amou	07 nt	09	2014
City	State	Zin Codo					F0.00
City Abbeville	LA	Zip Code 70510				D : 31c10737-	
Purpose of Expenditure Salary		Category/ Type	001		07 /	09	2014
Name of Federal Candidate		Su Su	upport	Office Sough	t:	House D	istrict: 00
Ms. Mary L Landrieu			opose	Preside			State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	52422.13		Disbursemen 2014 O		Primary ecify) ▶	X General
Full Name of Payee				Date	of Public	c Distribution/D	Dissemination
Ky Broussard				N	07	09 /	2014
Mailing Address 301 N Cedar Street				Amou	nt		
City	State	Zip Code					12.90
Abbeville	LA	70510		Transa Date	ction ID	: fed059c3-8aursement or Ob	874-40be-8 oligation
Purpose of Expenditure Mileage		Category/ Type	002	N	07 ^M	09	2014
Name of Federal Candidate		Sı	upport	Office Sough	t:	House D	District:00
Ms. Mary L Landrieu		X o	ppose	Preside	ent [Senate	State:LA
Calendar Year-To-Date Per Election for Office Sought	, ,	52422.13		Disbursemen 2014 C		Primary pecify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	5						62.90
(b) SUBTOTAL of Unitemized Independent Expenditu	res			•			
(c) TOTAL Independent Expenditures				· [-		1 4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	11	2014	
Signature							

Schedule E)	OI MOLI LINDLI	VI EXI END					PAGE 9 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In						FEC II	DENTIFICATION NUMBER ▼
Women Speak Out	PAC					C	C00530766
Check if 24-hour report	X 48-hour report	New rep	oort Ame	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Full Name of Payee						1.5.45	
Ralphie Lockhar					Date	e of Publi	c Distribution/Dissemination / 09 2014
Mailing Address 6310 C	ol Glenn Rd				Amo	ount	
City		State	Zip Code				25.00
Little Rock		AR	72204				ID: 9caebc35-23be-4549-a ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001	$\Box \mid \vert$	M M 07	09 / 2014
Name of Federal Candid	ate			Support	Office Sou	ght:	House District: 00
Mr. Mark L Pryor				Oppose	Pres		Senate State: AR
Calendar Year-To-Da Per Election for Offi			16570.53		Disbursement 2014	ent For: Other (sp	Primary
Full Name of Payee Karl L Starns					Dat	e of Publi	ic Distribution/Dissemination
Mailing Address 4120	Bon Aire Dr					07	09 2014
Apt 6	i307				Am	ount	
City		State	Zip Code				50.00
Monroe		LA	71212				D: 010bab1a-7b27-4c55-a ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001		07	09 2014
Name of Federal Candid	ate			Support	Office Sou	ght:	House District:00
Ms. Mary L Landrieu			X	Oppose			Senate State: LA
Calendar Year-To-Da Per Election for Off		7	52422.13	3	Disbursem 2014	ent For: Other (sp	Primary X General
(a) SUBTOTAL of Itemize	ed Independent Expenditu	ıres			•		75.00
(b) SUBTOTAL of Uniter	nized Independent Expend	ditures					
(c) TOTAL Independent E	Expenditures				. [
							72 1 22
	suggestion of, any candid	date or authorized					tion, consultation, or concert orting entity is not a political
Ms. Emily Buc	:hanan	[Electron	nically Filed]	Date	e 07	/ 0 0 0	/ Y Y Y Y Y 2014
Signature			_				

Women Speak Out PAC C coos30766	ooneduic Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Fill Name of Payee Karl L Starns Mailing Address 4120 Bon Aire Dr Apr 6307 City State Zip Code Monroe LA 71212 Name of Expenditure Mileage Support State Support State Support Support State Support Solveig Lysne Calendar Yaar-To-Date Per Election for Office Sought Purpose of Expenditure Milling Address 7121 Oyster Lane City State Zip Code Willington NC 28411 Purpose of Expenditure Calendar Yaar-To-Date Per Election for Office Sought Name of Federal Candidate Name of Federal Candidate Name of Payee Solveig Lysne Calendar Yaar-To-Date Per Election for Office Sought Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Poyee Solveight Solveig Lysne Calendar Yaar-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Kay Hagan Calendar Yaar-To-Date State State Solveight Name of Federal Candidate Ms. Kay Hagan Calendar Yaar-To-Date Per Election for Office Sought Calendar Yaar-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Kay Hagan Calendar Yaar-To-Date State State Solveight Calendar Yaar-To-Date Per Election for Office Sought Calendar Yaar-To-Date Per Election for Office Sought Calendar Yaar-To-Date State State NC (e) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emilty Buckanom Feliceton for Office Sought Fill Name of Federal Candidate Calendar Yaar-To-Date Per Election for Office Sought Calendar Yaar-To-Date Per	vvomen Speak Out PAC		C C00530766
Mailing Address 4120 Bon Aire Dr Apt 6307 City State Zip Code Monroe LA 71212 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 7121 Oyster Lane Amount Amount Amount Transaction ID : 94499bc2-9552-417F-a Date of Disbursement or Obligation Transaction ID : 94499bc2-9552-417F-a Date of Disbursement or Obligation Transaction ID : 94499bc2-9552-417F-a Date of Disbursement or Obligation Transaction ID : 94499bc2-9552-417F-a Date of Disbursement For: Permary General Disbursement For: President Senate State: Amount City State Zip Code Willimington NC 28411 Name of Peyes Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Willimington NC 28411 Name of Federal Candidate Ms. Kay Hagan Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID : 94499bc2-9552-417F-a Date of Disbursement For: President Senate State: Amount Transaction ID : 94499bc2-9552-417F-a Date of Disbursement for: President Senate State: Senate State: NC Disbursement or Obligation Transaction ID : 94499bc2-9552-417F-a Date of Disbursement for: President Senate State: Disbursement for: President Senate State: Other (specify) Other	Check if 24-hour report X 48-hour report New re	eport Amends report filed	
Mailing Address 4120 Bon Aire Dr Apt 6307 City State Zip Code Monroe LA 71212 Purpose of Expenditure Mileage Support Mileage Oppose President Senate State: LA Calendar Year-To-Date Purpose of Expenditure Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Sought	Full Name of Payee		Date of Public Distribution/Dissemination
Apt 6307 City State Zip Code Monroe LA 71212 Transaction ID : 944b9bc2-8952-4174-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Office Sought: House District: 00 O7 00 00 2014 Name of Federal Candidate Support Office Sought: House District: 00 O7 00 00 00 00 00 00 00 00 00 00 00 00 00			
City State Zip Code Transaction ID: 944996c2-852-4174-10			Amount
Monroe LA 71212 Furpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 7121 Oyster Lane City State Vipe Calendar Year-To-Date Salary Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane Category' Wilmington NC 28411 Name of Federal Candidate NC 28411 Name of Federal Candidate NC 28411 Name of Federal Candidate Support Name of Federal Candidate Support Nome of Federal Candidate Support Office Sought: House District: 00 President Senate State: Nome of Federal Candidate Per Election for Office Sought Nome of Federal Candidate Support Office Sought: House District: 00 President Senate State: Nome of Federal Candidate Senate Senat	'	7in Codo	6.00
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Solveig Lysne City Wilmington NC State Category/ Type Office Sought: House District: O Malling Address 7121 Oyster Lane Amount City State Category/ Type Office Sought: Full Name of Payee Solveig Lysne Office Sought Amount City State Category/ Type Office Sought: Full Name of Payee Solveig Lysne Office Sought: Amount City State Category/ Type Office Sought: Furpose of Expenditure Salary NC Category/ Type Office Sought: Office Soug		·	Transaction ID : 9d4b9bc2-a952-417f-a
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Name of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NS tate Zip Code Transaction ID: 15859701-8c.22-413-8 Date of Disbursement or Obligation Transaction ID: 15859701-8c.22-413-8 Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Tother (specify) ▶ Transaction ID: 15859701-8c.22-413-8 Date of Disbursement or Obligation Office Sought: House District: 00 President Seands State: NC Disbursement For: Disbu	• · · · · · · · · · · · · · · · · · · ·		M M / D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC Z8411 Name of Federal Candidate Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NS. Way Hagan Calendar Year-To-Date Per Election for Office Sought Tansaction ID: 15859701-8c22-413-8- Date of Disbursement or Obligation Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Public Distribution/Dissemination Tansaction ID: 15859701-8c22-413-8- Date of Disbursement For: Date of Disburse	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Solveig Lysne Malling Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Other (specify) ▶ Date of Disbursement ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID : 15859701-8c22-4f3e-8 Date o	Ms. Mary L Landrieu		
Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Category/ Do1 NS Kay Hagan NS Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In any Copose Disbursement For: Primary General Other (specify) Other (specify) Other (specify) In a cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date OT 11 2014			
Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegory/ Oppose Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Or 111 2014 Amount Amount Transaction ID: 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-8 Date Office Sought: House District: 00 Transaction ID: 15859701-8c22-4f3e-			U Other (specify) ►
Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate State Support Ms. Kay Hagan Name of Federal Candidate State			M M / D D / Y Y Y Y
City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 15859701-8c22-473e-8 Date of Disbursement or Obligation Mont of Disbursement For: Primary General Other (specify) Transaction ID: 15859701-8c22-473e-8 Date of Disbursement or Obligation Transaction ID: 15859701-8c22-473e-8 Date of Disbursement For: Double of Disbursement or Obligation Transaction ID: 15859701-8c22-473e-8 Date of Disbursement or Obligation Mont of Disbursement For: Double of Disbursement For: No.C. Primary General Other (specify) Category/ Type 001 Mont of Disbursement For: Primary General Other (specify) Category/ Type 001 Mont of Disbursement For: Primary General Other (specify) Category/ Type 001 Mont of Disbursement For: Primary General Other (specify) Category/ Type 001 Mont of Disbursement For: Primary General Other (specify) Category/ Type 001 Mont of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Double of Disbursement For: Primary General Category/ Type 001 Mont of Disbursement For: Double of Disbursement For: Double of Dis	Mailing Address 7121 Oyster Lane		
Wilmington NC 28411 Transaction ID: 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 O7 OFfice Sought: House District: O0 Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID: 15859701-8c22-4f3e-8 Date of Disbursement or Obligation Office Sought: House District: O0 President Senate State: NC Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 11 2014			Amount
Purpose of Expenditure Salary Date of Disbursement or Obligation Date of Disburs	City State	Zip Code	59.00
Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		28411	
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought 152428.43 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Office	ee Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan	Oppose	President State: NC State:
(a) SUBTOTAL of Itemized Independent Expenditures			4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 11 2014	(a) SUBTOTAL of Itemized Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 1 7 1 7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	>	
[Electronically Filed] Date 07 11 2014	with, or at the request or suggestion of, any candidate or authorize		
Duto vi		onically Filed]	
	Signature		

PAGE 10

OF

Schedule E)	ii ENDITONES	PAGE 11 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 000000.00
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Solveig Lysne		07 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7121 Oyster Lane		Amount
City State	zip Code	6.30
Wilmington	28411	Transaction ID: cf92022a-f644-4748-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 09 7 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 152428.43 201	sbursement For:
Full Name of Payee	l .	Date of Public Distribution/Dissemination
Brandy Starns		07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St		
		Amount
City State	e Zip Code	50.00
Monroe LA	71201	Transaction ID: f5d3fe5f-d870-40f4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	52422.13 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
-		
(a) SUBTOTAL of Itemized Independent Expenditures	•	56.30
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	07 11 2014
Signature		

Schedule E)	DENT EXICIO	ITORES	PAGE 12 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			07
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	80.00
Spruce Pine	NC	28777	Transaction ID: 75d64512-359e-4360-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Larry Freeman			07 09 2014
Mailing Address 11214 Mesa drive			Amount
City	State	Zip Code	40.00
Little rock	AR	72211	Transaction ID: 066ca8a6-31e8-4ede-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		120.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent E	kpenditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Scl	hedule E)	L/(1 L.(12.	101120				PAGE 13 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Arr	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Felice Barrett				Date	M M M M M	/ O9 / 2014
	Mailing Address 1588 Asbury				Amo	ount	
 	City S	State	Zip Code		-		85.00
	Springdale		72762				ID: 42ce8270-ef3c-4cf7-a ursement or Obligation
	Purpose of Expenditure Salary	l	Category/ Type	001] I	07	09 / 2014
	Name of Federal Candidate		<u> </u>	Support	Office Soug	nht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.53		Disburseme 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee Felice Barrett				Date	of Publi	c Distribution/Dissemination
Ĭ	Mailing Address 1588 Asbury					07	09 2014
					Amo	ount	
ľ	City	State	Zip Code				4.50
		AR	72762		Trans Date	saction II e of Disbu	D: 414ef0fa-0d4b-44ee-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\exists \mid \mid$	07 ^M	09 / 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
ŀ	Mr. Mark L Pryor		X	Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.5	3	Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(;	a) SUBTOTAL of Itemized Independent Expenditures						89.50
`					· -	7	
(I	b) SUBTOTAL of Unitemized Independent Expenditure	:S			·· • L		
(0	c) TOTAL Independent Expenditures				· · _	-	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate control carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 07	11	2014
	Signature		_				

Sche	edule E)	./\! h	101120				PAGE 14 OF 61 FOR SE OF FORM 24/48
NAME	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
							000007.00
Check	x if 24-hour report X 48-hour report	≺ New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
	ull Name of Payee				Da	te of Public	c Distribution/Dissemination
	Sharon Lloyd					07	09 / 2014
M	lailing Address 4301 Lankford				An	nount	
C	ity Sta	ate	Zip Code		$ \Gamma$		85.00
- 1		۸R	72762				ID: f0ab9905-6442-487a-b ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		07	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		<u> </u>	Support	Office So	ight:	House District: 00
M	Лг. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.53		Disbursen 2014	nent For:	Primary
F	ull Name of Payee				Da		c Distribution/Dissemination
	Sharon Lloyd					M = M	/ D D / Y Y Y Y
	Mailing Address 4301 Lankford					07	09 2014
	4301 Lankiota				An	nount	
С	City Sta	ate	Zip Code				13.50
		AR	72762		Tra Da	nsaction II te of Disbu	D: 596056ce-33dd-4cfa-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	09 / 2014
N	lame of Federal Candidate			Support	Office So	ught:	House District:00
_ N	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.5	3	Disburser 2014	nent For: Other (sp	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures				· •		98.50
(b)	SUBTOTAL of Unitemized Independent Expenditures	i					1 1 22 1 22 1
(0)	TOTAL Independent Evpanditures				F		
(6)	TOTAL Independent Expenditures				•	1 7	7 7
with	der penalty of perjury I certify that the independent ex h, or at the request or suggestion of, any candidate or rty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	, 07	/ D D D	2014
	Signature		_				

Schedule E)	DENT EXTEND	HONES	PAGE 15 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Andrew Shiver			07 09 / 2014
Mailing Address 110 Earlston Ct			Amount
City	State	Zip Code	45.00
Knightdale	NC	27545	Transaction ID : 2949663d-a68e-4b62-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrew Shiver			07 09 7 2014
Mailing Address 110 Earlston Ct			Amount
City	State	Zip Code	11.40
Knightdale	NC	27545	Transaction ID : fdc388e9-0ada-4d04-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 56.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 11 2014
•			

Sc	chedule E)	AI LIIDI	TOTILO				PAGE 16 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC					С	C00530766
					Г	M = M /	/ D D / Y Y Y Y Y
Ch		New repo	ort An	nends repo	rt filed on		
	Full Name of Payee Mariah L Garcie				Date	M = M .	c Distribution/Dissemination
	Mailing Address 9344 Forbing Rd				Amo	07 ount	09 2014
	C++		7. O-da				20.00
	City Stat Shreveport LA		Zip Code 71106		Tran	saction	20.00 ID : e82042aa-89e4-4e01-9
	Purpose of Expenditure Salary		Category/ Type	001	Date	of Disbu	ursement or Obligation / 09 / 2014
	Name of Federal Candidate			Support	Office Soug	ıht·	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	· _	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		52422.13		Disburseme	ent For: Other (sp	Primary
١	Full Name of Payee						ic Distribution/Dissemination
	Mariah L Garcie					M = M	/ DDD / YTYTY
١	Mailing Address 9344 Forbing Rd					07	09 2014
	33.113.5				Amo	ount	
١	City Stat	te	Zip Code				6.00
	Shreveport LA	4	71106		Trans Date	saction II	D: bd3815b4-8c4a-484f-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	09 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		52422.1	3	Disburseme 2014	ent For: Other (sp	Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures				· -	-	26.00
	(b) SUBTOTAL of Uniternized Independent Expenditures				· -		
	(c) TOTAL Independent Expenditures				•		
١	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M /	11	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	. LXI LIID			PAGE 17 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Xavier Miller				of Public Distribution/Dissemination
Mailing Address 407 randall Dr			Amou	07 09 2014 unt
City	State	Zip Code		30.00
Searcy	AR	72143		saction ID : a6edaf90-a33c-4ead-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 09 7 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		Oppose	Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	152428.43	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Xavier Miller				07 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 407 randall Dr				57 50 2011
			Amou	unt
City	State	Zip Code		30.00
Searcy	AR	72143		action ID: 0409dddc-e194-4dc3-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	07 09 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor		Oppose	Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	16570.53	Disbursemen 2014	nt For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		▶	60.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·· •	171171171
(c) TOTAL Independent Expenditures			··· •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	iically Filed] Dat	e 07	11 2014
Signature				

	meduic Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
۷۱	Vomen Speak Out PAC	C C00530766					
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay					
	Full Name of Payee	Date of Public Distribution/Dissemination					
	Jeremy Hollar	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 121 Meadowview Drive	Amount					
	City State Zip Code	25.00					
	Boone NC 28607	Transaction ID : 7ca72dba-8442-4161-8 Date of Disbursement or Obligation					
	Purpose of Expenditure Salary Category/ Type 001	07					
	Name of Federal Candidate Support Offic	e Sought: House District: 00					
	Ms. Kay Hagan Oppose	President State: NC					
	Calendar Year-To-Date Per Election for Office Sought Disb						
		U Other (specify) ▶					
	Full Name of Payee Jeremy Hollar	Date of Public Distribution/Dissemination					
	Mailing Address 121 Meadowview Drive	07 09 2014 Amount					
	City State Zip Code	8.10					
	Boone NC 28607	Transaction ID : 5c07aaed-9dfa-4c06-b Date of Disbursement or Obligation					
	Purpose of Expenditure Mileage Category/ Type 002	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
	Ms. Kay Hagan Oppose	President State: NC					
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary					
	(a) SUBTOTAL of Itemized Independent Expenditures	33.10					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		07 11 2014					
	Signature	للنبا ليا ل					
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PAGE 18

OF

Scł	nedule E)	PAGE 19 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Jonathan Odette	e of Public Distribution/Dissemination
ŀ	Mailing Address 9600 Earpsboro Chamblee Road Am	07 09 2014 ount
L	0111	45.00
	***************************************	45.00 Insaction ID : c4781736-75a4-4101-8 te of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 09 2014
ŀ	Name of Federal Candidate Support Office Sou	ight: House District: 00
L	Ms Kay Hagan	sident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
	Jonathan Odette Mailing Address 9600 Earpsboro Chamblee Road	te of Public Distribution/Dissemination 07
ŀ	City State Zip Code	26.10
	Wendell NC 27591 Tran	nsaction ID : b29e937e-a243-41af-8 te of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 09 / 2014
ı	Name of Federal Candidate Support Office Sou	ught: House District: 00
L	Ms. Kay Hagan Oppose Pres	sident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburser 2014	nent For: Primary General Other (specify)
(6	a) SUBTOTAL of Itemized Independent Expenditures	71.10
(I	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	1 7 1 7 1 7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not made in rith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y 1 Y 2014
	Signature	

Schedule E)	TOE! ENDERT EXTENT		-	PAGE 20 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				00530766
Check if 24-hour report X 4	8-hour report New re	port Amends repo	rt filed on	D = D / Y = Y = Y
	o nour report	Amenda Tepo	it liidd oll	
Full Name of Payee Caleb Craig			Date of Public	Distribution/Dissemination 09 2014
Mailing Address 1410 Bushville o	lrive		Amount	
City	State	Zip Code		30.00
Lenoir	NC	28645		9: 9712de63-2ffd-4ece-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Soug	ht	152428.43	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Caleb Craig			07 /	09 / Y Y Y Y Y Y Y
Mailing Address 1410 Bushville	e drive		Amount	
			Amount	
City	State	Zip Code		8.10
Lenoir	NC	28645	Transaction ID Date of Disbur	: 40402181-71e0-4473-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	152428.43	Disbursement For: 2014 Other (spe	Primary
				
(a) SUBTOTAL of Itemized Independent	endent Expenditures)	38.10
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		•	
(c) TOTAL Independent Expenditu	ires		>	
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 / D D D	2014
Signature				

Schedul	e E)	TI EXI END			PAGE 21 OF 61 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	*M / D * D / Y * Y * Y * Y
Full Na	ame of Payee	<u> </u>		Date o	of Public Distribution/Dissemination
Fran	ncesca Blom				07
Mailing	g Address 101 Asbury Ct			Amour	nt
City		State	Zip Code		90.00
Winch		VA	22602		action ID: 07e3d4fe-b59a-44be-8 of Disbursement or Obligation
Purpos Salary	se of Expenditure /		Category/ Type 001	M	07 09 / 2014
Name	of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Ka	ay Hagan		Oppose	Preside	NC NC
	alendar Year-To-Date er Election for Office Sought	1	152428.43	Disbursement 2014 Of	t For: Primary X General cher (specify) ▶
	ame of Payee er Sahuc				of Public Distribution/Dissemination
2.4 - 315				[07 09 2014
Mailing	g Address 107 Phillip Ave			Amou	nt
City		State	Zip Code		30.00
Lafay		LA	70503	Transa Date of	ction ID : 4cdd1ef5-37de-4697-8 of Disbursement or Obligation
Purpos Salary	se of Expenditure y		Category/ Type 001	M	07
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. M	ary L Landrieu		Oppose	Preside	
	calendar Year-To-Date er Election for Office Sought	7	52422.13	Disbursemen 2014 O	t For:
(a) SUE	STOTAL of Itemized Independent Expenditu	ires			120.00
(b) CIII	PTOTAL of Unitamized Independent Evpend	J:4raa		-	
(D) 30L	BTOTAL of Unitemized Independent Expend	iltures		·· •	4
(c) TOT	FAL Independent Expenditures			•	4-14-14-1
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candio committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	11 2014
Sign	ature		_		

Schedule E)	IN EXILINE	TI OTILO	PAGE 22 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	3.72
Lafayette	LA	70503	Transaction ID : aa34e616-68e4-4944-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Melanie Slagle			07 09 7 2014
Mailing Address 77 Southridge Drive			Amount
City	State	Zip Code	10.00
Spruce Pine	NC	28777	Transaction ID : b5c03777-13ee-49a1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	152428.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		13.72
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 11 2014
Signataro			

Schedule E)	51125	PAGE 23 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination
Mailing Address 77 Southridge Drive		07 09 2014 Amount
	P Code 3777	3.00 Transaction ID: ec08d45c-5c4c-4d38-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan		President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	rsement For: Primary General Other (specify) ▶
Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave		Date of Public Distribution/Dissemination 07 09 7 2014
023 Nadianice Ave		Amount
	p Code 0001	70.00 Transaction ID : 8bcbfa99-e906-4b68-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:00
Ms. Mary L Landrieu	Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	52422.13 Disbut 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	Ily Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedu	le E)	I EXI END	1101120		PAGE 24 FOR SE OF	OF 61 FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATI	
Wome	n Speak Out PAC				C C00530766	
Check if	24-hour report X 48-hour report	New rep	ort Amends	report filed	On M = M / D = D /	Y = Y = Y
			ortAmends	Toport med	OII Land	
	^{ame of Payee} lyn Lesaicherre				Date of Public Distribution	/Dissemination 2014
Mailin	g Address 629 Radiance Ave				Amount	
City		State	Zip Code			7.80
Metai	rie	LA	70001		Transaction ID : ed91018 Date of Disbursement or 0	
Purpo: Milea	se of Expenditure ge		Category/ Type	002	07 / 09 /	2014
Name	of Federal Candidate		Suppo	ort Office	Sought: House	District: 00
Ms. M	lary L Landrieu		X Oppos	se	President Senate	State:LA
1	Calendar Year-To-Date Per Election for Office Sought	7 1 7	52422.13	Disbu 2014	rsement For: Primary Other (specify) ▶	General
Full N	ame of Payee				Date of Public Distribution	/Dissemination
Rail	oh Smith				07 / 09 /	2014
Mailin	g Address 2090 Fancy Gap Rd				Amount	
					Amount	
City		State	Zip Code			60.00
Mt. A		NC	27030		Transaction ID: 0ae2f7ca- Date of Disbursement or	f 9c6-43ee-9 Obligation
Salar	se of Expenditure Y		Category/ Type	001	07	2014
Name	of Federal Candidate		Suppo	ort Offic	Sought: House	District:00
Ms. K	ay Hagan		X Oppos	se	President X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	152428.43	Disbi 2014	rsement For: Primary Other (specify) ▶	/ X General
				'		
(a) SU	BTOTAL of Itemized Independent Expenditure	es		······ >	7	67.80
(b) SU	BTOTAL of Unitemized Independent Expendit	tures		·····	7	
(c) TO	TAL Independent Expenditures			······ >	7 7	
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 0		Y Y 14
Sign	ature		_			

Schedule E)	PAGE 25 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
	port filed on
Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd	07 09 2014 Amount
City State Zip Code Mt. Airy NC 27030	15.00 Transaction ID : 87d0c0d0-fe46-4712-8
Purpose of Expenditure Mileage Category/ Type 00	Date of Disbursement or Obligation 2 07 09 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Robin L Bennett	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3505 Beaumont St	Amount
Apt 13D	Allount
City State Zip Code Neosho MO 64850	40.00 Transaction ID : 1dc00031-82bc-4259-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 16570.53	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) CUPTOTAL of the mineral landscape death 5 money library	55.00
(a) SUBTOTAL of Itemized Independent Expenditures	> 55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	··· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	tte 07 11 2014
Signature	

Schedule E)		DITORES	PAGE 26 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends report	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Robin L Bennett			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3505 Beaumont St			Amount
Apt 13D			
City	State	Zip Code	43.50
Neosho	МО	64850	Transaction ID: 9195cb7d-3c6f-4322-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	16570.53	Disbursement For: Primary General 2014 Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea L Hammond			07
Mailing Address 12920 Kneeland Ln			Amount
City	State	Zip Code	40.00
Neosho 	MO	64850	Transaction ID: c3700681-0b3f-4583-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		83.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	EXI ENDIT	OTILO		PAGE 27 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New report	Amends	report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Andrea L Hammond				Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln				07 09 2014 Amount
City	state Zii	p Code		1.20
		4850		Transaction ID : 2a4fb350-eea4-4221-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	ı	Suppo	rt Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppos		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	16	5570.53	Disbu 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Reagan Brackett				07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 E Center Ave				
				Amount
City	State Zi	ip Code		10.00
	AR 7	72143		Transaction ID : df5b38c6-b4c3-4dac-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	rt Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppos	e	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbu 2014	rrsement For: Primary
			1	
(a) SUBTOTAL of Itemized Independent Expenditures			······ >	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	S		······ ▶	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized co			
Ms. Emily Buchanan	[Electronical	lly Filed]	Date 0	
Signature				

Schedule E)	INDEI ENDERT EAT ERS.	TOTILO	-	PAGE 28 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC)		Сс	00530766
Check if 24-hour report	48-hour report New report	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Roman Rys			Mark of Fublic	09 2014
Mailing Address 635 Lotarche	St		Amount	
City	State	Zip Code		50.00
Greenville	NC	27858		9: 928b5b0f-3dd6-4eb0-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sou	ught 1	152428.43	Disbursement For: 2014 Other (spec	Primary ⊠ General cify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Roman Rys			07 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 635 Lotarch	e St		Amount	
City	State	Zip Code		14.10
Greenville	NC	27858		: 3ee241b5-63bd-4413-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office So	ught	152428.43	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Inde	ependent Expenditures		>	64.10
(b) SUBTOTAL of Unitemized In	ndependent Expenditures		· >	
(c) TOTAL Independent Expend	ditures		•	4
	ry that the independent expenditures stion of, any candidate or authorized arty committee or its agent.			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 11	2014
Signature		_ · · · · · · · · · · · ·		

Schedule E)	EIVI EXI EIVE	JITONES	PAGE 29 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Saige Anderson			07
Mailing Address PO Box 424			Amount
City	State	Zip Code	50.00
Searcy	AR	72145	Transaction ID : 5ac0097a-34d9-4868-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Saige Anderson			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 424			Amount
City	State	Zip Code	10.59
Searcy	AR	72145	Transaction ID: e2624091-14f2-4aa5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		60.59
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07
-			

Schedule E)	I EXPEND	ITORES		PAGE 30 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Timothy Foley			M M /	Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace			07 Amount	09 2014
Cit.	Chaha	Zin Cada		07.50
City Sterling	State VA	Zip Code 20165		67.50 D: d16685ad-731c-4d3c-a resement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Kenny Wallis			07 /	09 / 2014
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		30.00
North Little rock	AR	72116		: b560c86f-ee15-40f6-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	7	16570.53	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S			97.50
(b) SUPTOTAL of Uniterprized Independent Expandit	uroo			
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / D D D 11	2014
Signature				

Schedule E)	VI EXI END	TIONES	PAGE 31 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			07 09 2014 Amount
			7.11.00.11.
City	State AR	Zip Code	2.25
North Little rock	AK	72116	Transaction ID: 972e5f5c-f43d-41be-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	16570.53	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Malinda Ledford			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	80.00
Spruce Pine	NC	28777	Transaction ID : 367948e4-3de2-4c32-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	152428.43	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		82.25
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	JEINT EXPEND	TOTILS	PAGE 32 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			07 09 2014 Amount
City	State	Zin Codo	25.80
Spruce Pine	NC	Zip Code 28777	Transaction ID: a02a5eee-f602-4664-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Myeisha M Ross			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3411 Asher Ave			Amount
City	State	Zip Code	50.00
Little Rock	AR	72209	Transaction ID: a5e51390-761b-49e4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		75.80
(b) SUBTOTAL of Uniternized Independent Exp	oenditures		
			4 4
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	IN EXILITE	ATOTILO	PAGE 33 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amiracle R Ross			07 09 / 2014
Mailing Address 3411 Asher Ave			Amount
City	State	Zip Code	50.00
Little Rock	AR	72204	Transaction ID : afdc61e0-a819-498e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Amiracle R Ross			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3411 Asher Ave			Amount
City	State	Zip Code	12.00
Little Rock	AR	72204	Transaction ID: 11ab0097-65f5-4c02-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	16570.53	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expendit	ures		62.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures)
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	INT EXTEND	TIONES	PAGE 34 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			07 / 09 / 2014
Maining Flacious 220 Doucet Rd			Amount
City	State	Zip Code	25.00
Lafayette	LA	70503	Transaction ID : 712463c1-fb7c-4789-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	52422.13	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Francis Richardson			07 09 7 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	1.53
Lafayette	LA	70503	Transaction ID : 62186cfe-831a-4b03-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 26.53
(b) SUPTOTAL of Uniterprized Independent Exper	dituroo		
(b) SUBTOTAL of Unitemized Independent Exper	iditures		
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 11 2014
- 3			

Schedule E)	IN EXILIN	TI OTILO	PAGE 35 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Theresa Burkhart			Date of Public Distribution/Dissemination
Mailing Address 3126 Chester Ct			07 09 2014 Amount
City	State	Zip Code	40.00
Metairie	LA	70006	Transaction ID : 198df56a-a306-4e53-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa Burkhart			07
Mailing Address 3126 Chester Ct			Amount
City	State	Zip Code	4.08
Metairie	LA	70006	Transaction ID : 3f3fc17b-f2ba-45b1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		44.08
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
			4 4
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 11 2014
Signature			

Schedule E)	INT EXICINE	JITONES	PAGE 36 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 09 / Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID : 6c997ae2-acaf-43b4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	52422.13	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 / 09 / 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	33.60
Ville Platte	LA	70586	Transaction ID : abe06a2e-4c3e-42da-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		73.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INI EXPERE	TONES	+	PAGE 37 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D
Full Name of Payee Ms. Amanda Posey			Date of Public	Distribution/Dissemination
Mailing Address 819 Lyons St			07 Amount	09 2014
City	State	Zip Code		40.00
New Orleans	LA	70115		D: 73ca4116-40c7-48cc-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Virginia M Stevens			07 /	09 / 2014
Mailing Address 1691 Fork Mtn Rd			Amount	
City	State	Zip Code		80.00
Bakersville	NC	28705		: 1716d738-2e59-4761-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	152428.43	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			120.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •	
() 			4	4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 / D D D 11	2014
Signature				

Schedule E)	PAGE 38 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Virginia M Stevens	f Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd Amoun	07 09 2014 nt
City Code	2.40
	2.40 action ID: 31d07571-6fc4-41c1-9 If Disbursement or Obligation
Purpose of Expenditure Category/	07
Name of Federal Candidate Support Office Sought	: House District: 00
Ms. Kay Hagan Oppose Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Marilyn Riley	of Public Distribution/Dissemination
Mailing Address 338 Wayne Drive Amour	07 09 2014 nt
City State Zip Code	20.00
Shreveport LA 71105 Transac	ction ID : 17be1011-4262-41a4-8 of Disbursement or Obligation
	07 09 / 2014
Name of Federal Candidate Support Office Sought	t: House District:00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	22.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Month of the property of the	11 / 2014

Schedule E)	II EXPEND	ITUNES	<u> </u>	AGE 39 OF 61 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Ms. Amanda Posey			Date of Public D	Distribution/Dissemination
Mailing Address 819 Lyons St			07	09 2014
			Amount	
City	State	Zip Code		40.00
New Orleans	LA	70115		: 15d01167-6055-4381-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	52422.13	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Zachary Vidrine			M M /	09 / 2014
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		35.00
Ville Platte	LA	70586		cc014767-865c-4d96-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	52422.13	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			75.00
(,,			7	7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / D D D	2014
Signature				

Schedule E)	THE ENDERN EXILEND	71101120		PAGE 40 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-h	nour report X New rep	port Amends repo	ort filed on	
Full Name of Payee Zachary Vidrine			Date of Publi	c Distribution/Dissemination
Mailing Address 202 Rue Des Cajur	1		07	09 2014
			Amount	
City	State	Zip Code		9.90
Ville Platte	LA	70586		ID : ce601bc4-2c43-4eb8-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: 2014 Other (s	Primary ☐ General Decify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jeffrey Hampton			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 E Part Ave			07	09 2014
1700 ET all 7We			Amount	
City	State	Zip Code		25.00
Searcy	AR	72149	Transaction I Date of Disb	D: 58c6f9fd-365d-446f-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independ	dent Expenditures		. •	34.90
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		•	
(c) TOTAL Independent Expenditure:	S			
				4-1-4-1
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party c	of, any candidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07 11	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	IN EXILIN	JITONES	PAGE 41 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	3.45
Searcy	AR	72149	Transaction ID: 637ea839-3543-4fde-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	80.00
High Point	NC	27260	Transaction ID: b09d612f-a52a-4e91-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendit	ures		83.45
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>~</u>			

Schedule E)	DEITI EXI EITD	TIONES	PAGE 42 OF 61 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	-
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Chris McCoy			07 09 / 2014	
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	20.40	
High Point	NC	27260	Transaction ID : d80e7ac3-6e55-45ce-b Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	07 09 7 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary	al
Full Name of Payee			Date of Public Distribution/Dissemination	
James Antonetz			07 09 2014	Y
Mailing Address 11127 Gila Valley Dr			Amount	
City	State	Zip Code	40.00	٦
Little Rock	AR	72212	Transaction ID: 94707dfa-c1a8-4a72-a Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	07 09 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President X Senate State: AR	_
Calendar Year-To-Date Per Election for Office Sought	7	16570.53	Disbursement For: Primary	al —
(a) SUBTOTAL of Itemized Independent Expe	nditures		60.40	7
(a) CODIONIZ OF NOMIZOG Maceportasini Zipe			50.10	-
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·	
(c) TOTAL Independent Expenditures			·	
	andidate or authorize		not made in cooperation, consultation, or concer f either, or (if the reporting entity is not a politica	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)	LIIDLIII LAI LIIDI			PAGE 43 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
		. 🗆 .	M M	/ D D / Y Y Y Y Y
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	rt filed on	
Full Name of Payee James Antonetz			Date of Publi	c Distribution/Dissemination
Mailing Address 11127 Gila Valley Dr			Amount	التنا التا
City	State	Zip Code		4.80
Little Rock	AR	72212		ID: a41c07ac-3a9e-42cb-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Elizabeth Hanks			Date of Publi	ic Distribution/Dissemination
Mailing Address 891 W Melmar			07	09 2014
Mailing Address 891 W. Melmar			Amount	
City	State	Zip Code		30.00
Fayetteville	AR	72703	Transaction II Date of Disb	D: 18dcf1a6-9328-411c-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		>	34.80
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		. >	
(c) TOTAL Independent Expenditures)	1 2 1 2
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / D D	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)	INT EXICINE	DITOTIES	PAGE 44 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			07 09 2014 Amount
City	State	Zin Codo	2.19
Fayetteville	AR	Zip Code 72703	Transaction ID : b7578ad0-8dbf-442f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination 07 09 09 000 000 000 000 000
Mailing Address 3007 Darden Rd			Amount 2014
City	State	Zip Code	33.00
Greensboro	NC	27407	Transaction ID : f1715aeb-f206-4a85-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		35.19
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
(c) TOTAL Independent Expenditures			
			7 7 7
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Petrina Williams	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd	nount
City State Zip Code	15.00
Greensboro NC 27407 Tr.	ansaction ID : d964389d-0e4a-4ef3-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 09 7 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
Full Name of Payee	ate of Public Distribution/Dissemination
Gosch Ellers	07 09 2014
Mailing Address 377 Darlington Ave	mount
City State Zip Code	50.00
	insaction ID: 76d33001-04f5-4b22-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 09 / 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Kay Hagan Oppose Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	11 2014
Signature	

PAGE

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OF

Schedule E)	51125	PAGE 46 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed of	on Mam / Dab / Yayayay
Full Name of Payee Gosch Ellers		Date of Public Distribution/Dissemination
		07 09 2014
Mailing Address 377 Darlington Ave		Amount
City State Zi	p Code	17.10
Wilmington NC 28		Transaction ID: 54521dc4-6f2f-4e38-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	Oppose p	President State: NC
Calendar Year-To-Date Per Election for Office Sought	428.43 Disburs 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Paul Rickert		07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 710 St. Martins Lane		Amount
City State Zi	p Code	52.00
Bossier City LA 7	1111	Fransaction ID : 00d5ca45-6556-4c4d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 09 7 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	52422.13 Disbura 2014	sement For: Primary
		
(a) SUBTOTAL of Itemized Independent Expenditures	······	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	<i>Ily Filed]</i> Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	IN EXILIN	ON ONES	PAGE 47 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane			07 09 2014 Amount
-01			
City Bossier City	State LA	Zip Code 71111	24.30 Transaction ID : 6f4770e3-8e8d-4741-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination
Mailing Address 2043 Nottingham Ln			07 09 2014 Amount
City	State	Zip Code	25.00
Burlington	NC	27215	Transaction ID: 187b25ff-2de9-4f1c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 09 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		49.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 11 2014
Signature			

Schedule E)	DEIVI EXI EIVD	TIONES	PAGE 48 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			07 09 7 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	1.80
Burlington	NC	27215	Transaction ID: 36c5d83d-4597-490a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Bradley K Kissinger			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3113 Imperial Valley Dr.			Amount
City	State	Zip Code	40.00
Little Rock	AR	72212	Transaction ID : 36866b3f-d655-4122-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		16570.53	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expe	nditures		41.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. (a.a.)			

Schedule E)	TO INDEFERDER	I EXI END	TOTILO		PAGE 49 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour repor	t X 48-hour report	New repo	ort Amends	report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Bradley K Kissir	nger				Date of Public Distribution/Dissemination
Mailing Address 3113 I	mperial Valley Dr.				07 09 2014 Amount
City		Ctoto	Zin Codo		5.40
City Little Rock		State AR	Zip Code 72212		5.40 Transaction ID : fb42db50-3651-461a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candi	date		Suppo	ort Offic	ee Sought: House District:00
Mr. Mark L Pryor			X Oppos		President Senate State: AR
Calendar Year-To-E Per Election for Of		7	16570.53	Disb 2014	oursement For: Primary General Other (specify) Other
Full Name of Payee					Date of Public Distribution/Dissemination
Cassidy Quartara	aro				07 09 2014
Mailing Address 632	Cameron Court				Amount
City		State	Zip Code		40.00
Kenner		LA	70065		Transaction ID: 810fb7a8-d166-44a0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	•		Category/ Type	001	07
Name of Federal Candi	idate		Suppo	ort Offic	ce Sought: House District: 00
Ms. Mary L Landrieu			Noppos		President Senate State: LA
Calendar Year-To-E Per Election for O		7 7	52422.13	Disb 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemiz	zed Independent Expenditure	9S		······ >	45.40
(b) SUBTOTAL of United	mized Independent Expendit	ures		······ •	
					7 7 7
(c) TOTAL Independent	Expenditures			······ >	
with, or at the request or		te or authorized			nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Bu	ıchanan	[Electron	ically Filed]	Date	07 11 2014
Oigi ia.a.o					

Schedule E)	I EXI END	HONEO		PAGE 50 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Phillip Williams			M	
Mailing Address 3007 Darden Rd			Amount	7 09 2014
City	State	Zip Code		60.00
Greensboro	NC	27407		ction ID: 40732df0-730b-4e50-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	152428.43	Disbursement F	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Phillip Williams			M	
Mailing Address 3007 Darden Rd				7 09 2014
3007 Baldon Nu			Amount	
City	State	Zip Code		15.30
Greensboro	NC	27407		ion ID : be0c852f-6d58-413e-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	0	7 09 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		152428.43	Disbursement I 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	·S		. •	75.30
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7.1.7.1.5.1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		11 2014
Signature				

Sch	nedule E)	L /(1 L (1).	101120				PAGE 51 OF 61 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
TF	Full Name of Payee Amelia Brackett				Date	M = M	c Distribution/Dissemination
N	Mailing Address 804 Roundabout Circle				Amo	07 ount	09 2014
	City S	State	Zip Code				10.00
- 1	Searcy	AR	72143				ID: 4ae3a650-181a-4786-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 07	09 2014
1	Name of Federal Candidate		<u>' </u>	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.53		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Amelia Brackett Mailing Address 804 Roundabout Circle				_	M 07	C Distribution/Dissemination
			O d-		Amo	ount	
-	City Searcy	State AR	Zip Code 72143		Trans	saction II	1.65 D: 63fbd640-ad43-4863-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		·	Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.5	3	Disburseme 2014	ent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures.				· [11.65
(b	b) SUBTOTAL of Unitemized Independent Expenditure	es			· •	1 7	
(с	c) TOTAL Independent Expenditures				•	-	
wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	11	2014
	Signature						

Schedule E)		PAGE 52 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd		07 09 2014 Amount
City State	Zip Code	60.00
Greensboro NC	27407	Transaction ID : 6aeb67f3-4ccf-498f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 09 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee Michael Vidrine Mailing Address 1103 West Wilson Street		Date of Public Distribution/Dissemination 07
1103 West Wilson Street		Amount
City State Ville Platte LA	Zip Code 70586	45.00 Transaction ID : a08ed415-d094-4cbf-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 07 09 2014
Name of Federal Candidate	Support C	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures)	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ectronically Filed] Date	07 11 2014
Signature		

Sch	edule E)	EXI ENDI	101120				PAGE 53 OF 61 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
Chec	k if 24-hour report X 48-hour report	X New repo	ort Ame	ends repo	rt filed on	M M /	D = D / Y = Y = Y
	Full Name of Payee				Da	te of Public	c Distribution/Dissemination
L	Michael Vidrine					07	09 / 2014
I N	Mailing Address 1103 West Wilson Street				Am	ount	
	Dity	State	Zip Code				40.20
-	Ville Platte	LA	70586				ID: 4a8d557d-f428-4d89-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	09 / Y Y Y Y Y Y Y
Ν	Name of Federal Candidate		s	upport	Office Sou	ıght:	House District: 00
ľ	Ms. Mary L Landrieu			ppose		_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		52422.13		Disbursem 2014	nent For: Other (sp	Primary
	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
	Romondia Y Ross					07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 3411 Asher Ave					07	09 2014
					Am	ount	
	Dity	State	Zip Code				50.00
	Little Rock	AR	72204		Tra i Da	nsaction (I te of Disbu	D: 73c01eb7-015a-4ff5-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	09 / 2014
١	Name of Federal Candidate		S	Support	Office Soi	ught:	House District: 00
	Mr. Mark L Pryor		X)ppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.53		Disbursen 2014	nent For: Other (sp	Primary
(a)) SUBTOTAL of Itemized Independent Expenditures.				· •		90.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es			. •		
(c)) TOTAL Independent Expenditures				•		
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ac	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M O7	/ D D D 11	/ Y Y Y Y Y Y 2014
	Signature		_	Daio			النتا

Sche	edule E)	EXI ENDI	101120				PAGE 54 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
						M = M /	D D / Y Y Y Y Y
Check	if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on		
Fu	ull Name of Payee Romondia Y Ross				Da	ate of Public	Distribution/Dissemination
М	ailing Address 3411 Asher Ave					07	09 2014
L					Aı	mount	
Ci	ity	State	Zip Code				12.00
	ittle Rock	AR	72204				D: 341c0e08-db2f-45a4-9 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		07	09 / 2014
Na	ame of Federal Candidate			Support	Office Sc	ought:	House District: 00
M	fr. Mark L Pryor			Oppose	Pre	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		16570.53		Disburse 2014	ment For: Other (sp	Primary
	ull Name of Payee				D	ate of Public	c Distribution/Dissemination
	Romondia Y Ross					07	09 2014
M	lailing Address 3411 Asher Ave					07	09 2014
					A	mount	
С	ity	State	Zip Code			1 1 0	50.00
	Little Rock	AR	72204		Tra	ansaction Í E ate of Disbu	D: 99688bd9-a756-4404-b ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		07 M	09 / 2014
N	ame of Federal Candidate			Support	Office So	ought:	House District: 00
M	ls. Kay Hagan		X	Oppose	Pro	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		152428.4	3	Disburse 2014	ment For: Other (sp	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures				· •		62.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	es					
(c)	TOTAL Independent Expenditures				• •		7
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M	/ D D D	/ Y - Y - Y - Y - Y - Y - 2014
-	Signature		_	_ 5.10			

Schedule E)	LIVI EXI END	ITORES	F	PAGE 55 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Romondia Y Ross			07 /	09 / 2014
Mailing Address 3411 Asher Ave			Amount	
City	State	Zip Code		12.00
Little Rock	AR	72204		: 5f47e957-2152-419f-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	152428.43	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Matthew Manuel			07	09 / 2014
Mailing Address 1392 Lee Street			Amount	
City	State	Zip Code		40.00
Ville Platte	LA	70586		: 89a9174e-124c-4b33-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		52422.13	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			52.00
(b) CURTOTAL of Unitersized Independent Fundamental	an alikuwa a			
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		•	4 1 2
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 11	2014
- 3				

Schedule E)	/	L /(L /(L)					PAGE 56 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full						FEC II	DENTIFICATION NUMBER ▼
Women Speak Out Pa	4C						C00530766
Check if 24-hour report	X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	D D / Y D Y D Y
Full Name of Payee Matthew Manuel					Da	te of Public	c Distribution/Dissemination
Mailing Address 1392 Lee S	Street					07	09 2014
					All	nount	
City		State	Zip Code				16.50
Ville Platte		LA	70586				ID: 0f35c2c6-9c8c-4777-a ursement or Obligation
Purpose of Expenditure Mileage			Category/ Type			M 07	09 / 2014
Name of Federal Candidate				Support	Office So	ught:	House District:00
Ms. Mary L Landrieu				Oppose		_	Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought		52422.13		Disbursen 2014	nent For:	Primary
Full Name of Payee					Da		c Distribution/Dissemination
Earl Stewart						M = M	/ D D / Y Y Y Y
Mailing Address 9455 Sno	Dood					07	09 2014
9400 OIR	ow Camp Road				An	nount	
City		State	Zip Code		— Г		80.00
Snowcamp		NC	27349		Tra Da	nsaction II	D: 677a32cd-0dae-471f-a ursement or Obligation
Purpose of Expenditure Salary			Category/ Type			07	09 2014
Name of Federal Candidate				Support	Office So	ught:	House District: 00
Ms. Kay Hagan				Oppose			Senate State: NC
Calendar Year-To-Date Per Election for Office	Sought		152428.4	13	Disburser 2014	nent For:	Primary
(a) SUBTOTAL of Itemized In	ndependent Expenditures	\$			·· •		96.50
(b) SUBTOTAL of Unitemized	d Independent Expenditu	ires				1 1 7	1 1 7 1 7 1
(c) TOTAL Independent Expe	enditures						11212
Under penalty of perjury I ce with, or at the request or sug party committee) any political	gestion of, any candidate	e or authorized					
Ms. Emily Buchan	an	[Electron	ically Filed]	Date	o7	/ D D D	2014
Signature							

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Earl Stewart	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road	Amount
City State Zip Code	6.00
Snowcamp NC 27349	Transaction ID : c1c96177-f57f-4410-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 09 7 2014
Name of Federal Candidate Support Office	Sought: House District:00
Me Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	
Ms. Tonya Boyd	Date of Public Distribution/Dissemination 07 09 2014
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	70.00
Mt. Airy NC 27030	Transaction ID : 5e8c8844-33c2-4ad8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 09 7 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

Schedule E)	I EXI END	TOTILO		PAGE 58 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Ms. Tonya Boyd			M 07	09 / 2014
Mailing Address 2357 Fancy Cap Rd			Amount	
City	State	Zip Code		21.06
Mt. Airy	NC	27030		n ID: 42a45248-9d77-4721-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	52428.43	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Christine Stevens			07	09 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602		ID: 62f1cb05-a328-4c07-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	152428.43	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	s			81.06
, , , , , , , , , , , , , , , , , , , ,				p
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 11	2014
Signature				

Schedule E)	IVI EXI EIVE	TI OILE	PAGE 59 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 08 7 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	35.00
Mandeville	LA	70471	Transaction ID: 81d93472-61a3-46d2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	52422.13	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 08 7 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	4.80
Mandeville	LA	70471	Transaction ID : 90104049-56be-4c1e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	52422.13	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		> 39.80
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 11 2014
			

Sched	lule E)	. EXI EIID	TOTILO		PAGE 60 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
				IV	M / D D / Y Y Y Y
Check if	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full Je	Name of Payee eanne Tribou				of Public Distribution/Dissemination
Mail	ling Address 22369 Ponderosa Dr.				07 09 2014
	22303 T GIUCIOSA DI.			Amou	nt
City		State	Zip Code	[[30.00
Ма	ndeville	LA	70471		caction ID: 7fd45cf8-affc-4863-9 of Disbursement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 001		07
Nan	ne of Federal Candidate		Support	Office Sough	it: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	52422.13	Disbursemer 2014	nt For:
Full	Name of Payee			Date	of Public Distribution/Dissemination
Je	anne Tribou				07 09 7 2014
Mai	ling Address 22369 Ponderosa Dr.				
				Amou	ınt
City	1	State	Zip Code		3.60
	ndeville	LA	70471	Transa Date	of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		07 / 09 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	52422.13	Disbursemer 2014	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	s		▶	33.60
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) T	OTAL Independent Expenditures				
(6)	OTAL Independent Expenditures			· L.	
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	11 2014
Si	gnature				

Schedule E)	PAGE 61 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Joel Greco	07
Mailing Address 318 Gaskins Lane	Amount
City State Zip Code	30.00
· · · · · · · · · · · · · · · · · · ·	Transaction ID : 8e9a92f8-b3ee-4a77-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:00
Ms. Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office S	Sought: House District:
Oppose p	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sement For: Primary General Other (specify) ▶
	Other (speerly) >
(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3690.42
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	11 2014
- 9	